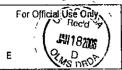
U.S. Department of Labor Office & Labor-Management Standards Wasnington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

28 IMV				
1. File Number U - 408 /	2. Fiscal Year Covered From:			
	01 / 01 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MICHAEL R GARAVAGLIA	Name IBEW LOCAL ONE			
	Labor Organization File Number 035-303			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 5850 ELIZABETH AVE	Street 5850 ELIZABETH AVE			
City ST LOUIS	City ST LOUIS			
State MISSOURI ZIP Code + 4 63110	State MISSOURI ZIP Code + 4 63110			
5. Position in labor organization. BUSINESS REPRESENTATIVE				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, If any:	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NONE			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street N/A City N/A State N/A ZIP Code + 4	NONE			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed // fichal & Laranachy	On 1-5-06 314-647-5900 Date Telephone Number			

Name of Person Filing MICHAEL R GARAVAGLIA		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bidg., Room No., if any Street N/A City N/A State N/A ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	NONE			
	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest he	ld or Income received.		
State ZIP Code + 4	NONE			
,	12 h Amount		NONE	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment. NONE			
Name N/A		•		
Trade Name, if any:	:			
P.O. Box, Bldg., Room No., If any		•		
Street N/A				
City N/A				
State N/A ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment		NONE	